

Name
in
Full

Randolph Benson 156 Washington St.
8/10/VI
CERTIFICATE OF DEATH

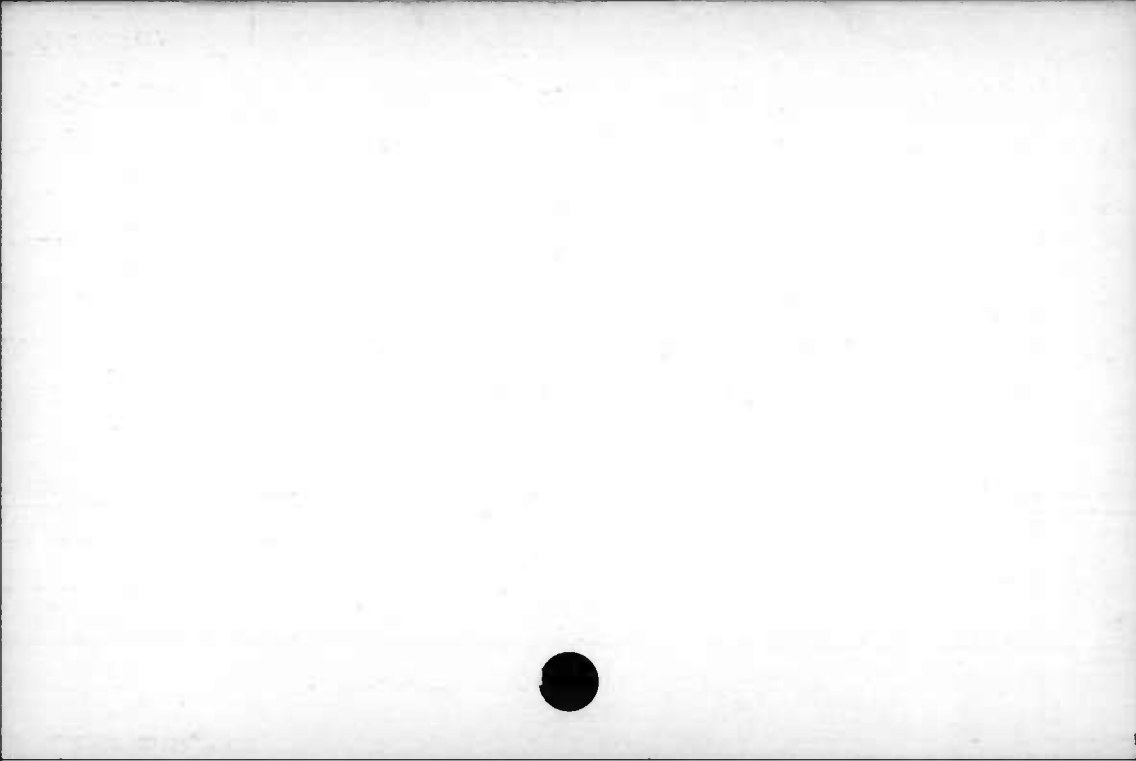
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1905</i>	<i>Aug</i>	<i>21st</i>	<i>col.</i>	<i>-</i>	<i>7</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>col.</i>		<i>Cambridge</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Jno. T. Benson</i>			<i>Proctor's City</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Emma Webb</i>			<i>Cambridge</i>		
Name of person giving information			How related to deceased		
<i>Jno. T. Benson</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10 1/2 weeks</i>
Immediate	<i>Epilepsy</i>	How long	<i>instant</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>[Signature]</i>	
		Address	
		<i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Adaline Brannock

MARYLAND

Died at *Cambridge* Town

Worcester County

Date of death *1907*

Month *Aug*

Day *18*

Age *83* Years

Months

Days

Sex *Female*

Color or Race *White*

Birth-place *Ind.*

Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Widow*

Name of Wife or Husband *Wm. Brannock*

Father's Name *— Skinner*

Father's Birthplace

Mother's Maiden Name *Nancy Skinner*

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *hypertension*



How long

Immediate

How long

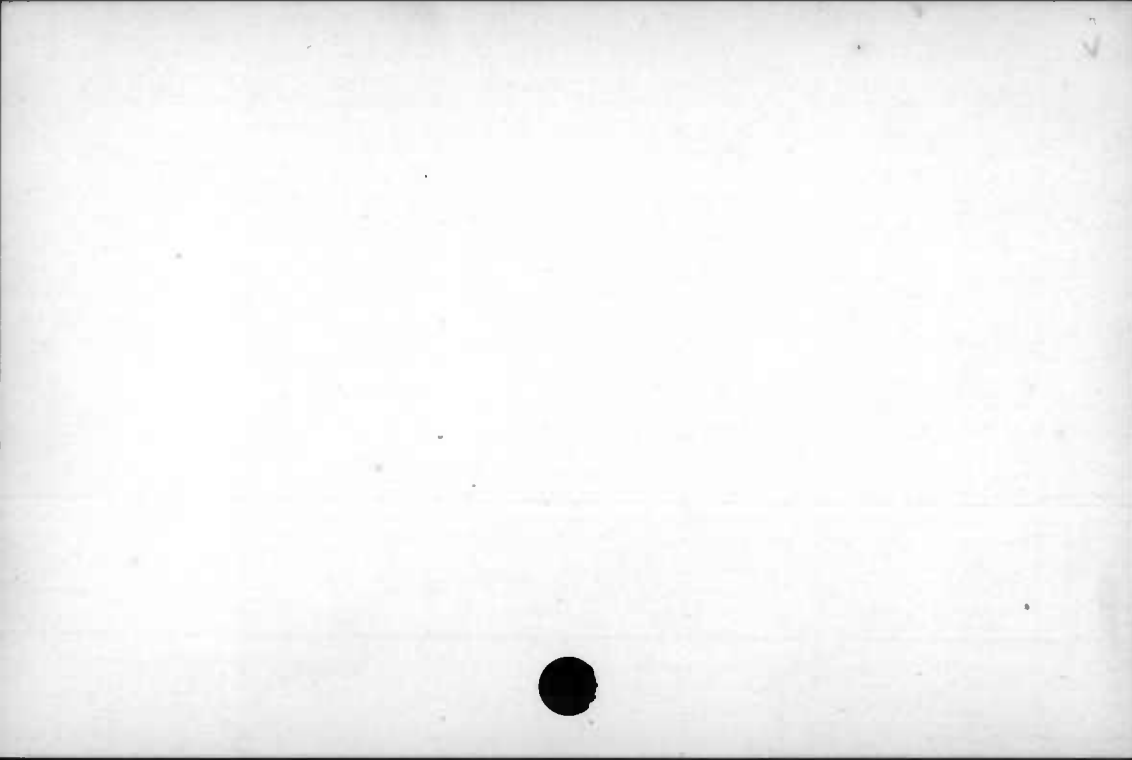
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*John Mace
Cambridge Ind.*

Accident or Suicide?



Name
in
Full

A. Clarence Prohawn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1901-</u>	Month <u>Aug</u>	Day <u>24</u>	Age <u>19</u>	Months <u>7</u>	Days <u>24</u>
Sex <u>Male</u>		Color or Race <u>wh</u>		Birth-place <u>Dr. Co. Md.</u>	
Occupation <u>clerk</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>W. Prohawn</u>			Father's Birthplace <u>Dr. Co. Md.</u>		
Mother's Maiden Name <u>Elizabeth Prohawn</u>			Mother's Birthplace <u>Dr. Co. Md.</u>		
Name of person giving information <u>Mr. Samuel Crighton</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>3 weeks</u>
Immediate <u>Perforation of intestine</u>	How long <u>14 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Stille</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

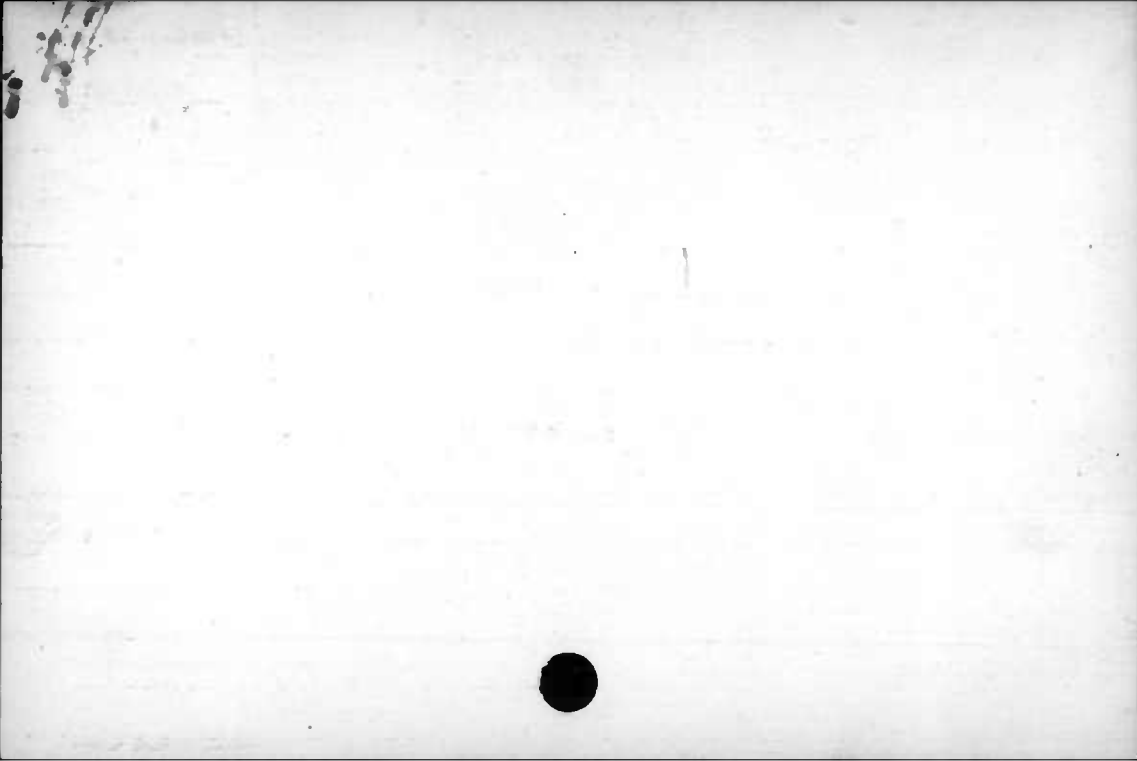
CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDJohn Francis Bryan
Died at *Church Creek* Town *Dorchester* CountyDate of death *1905* Month *August* Day *19th* Age *—* Months *9* Days *13*Sex *Male* Color or Race *Col.* Birth place *Dor. Co. Md.*Occupation *—* Where Residing If not at place of death *—*Married, Single or Widowed *Infant* Name of Wife or Husband *Infant*Father's Name *Milton Bryan* Father's Birthplace *Dor. Co. Md.*Mother's Maiden Name *Ellenora DeLongate* Mother's Birthplace *Dor. Co. Md.*Name of person giving information *Melvinia DeLongate* How related to deceased *Grand mother*

CAUSES OF DEATH

Primary *Eutericis* How long *2 months*Immediate *105* How long *—*Are the name, age, sex, color, date and place correctly given above? *Probably* Signature of Physician *P. C. DeLongate*Address *Church Creek, Md.**—**—* Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Aug	27	17	8		
Sex		Color or Race		Birthplace			
Male		colored		Fork Neck			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
		Sarah Chase					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	
Charles Pinder						No relation	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsey	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Madison* Town*Dorchester* County

Date

of death *1905*

Month

August

Day

2

Years

Age

—

Months

4

Days

*26*Sex *Male*Color or
Race*White*Birth-
place*Salisbury Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Walter I Commaney*Father's
Birthplace*Worcester Md*Mother's
Maiden Name*Fanning White*Mother's
Birthplace*Dorchester Co Md*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Hereditary Pulmonary Tuberculosis

How long

10 years about 4/11/11

Immediate

asthma

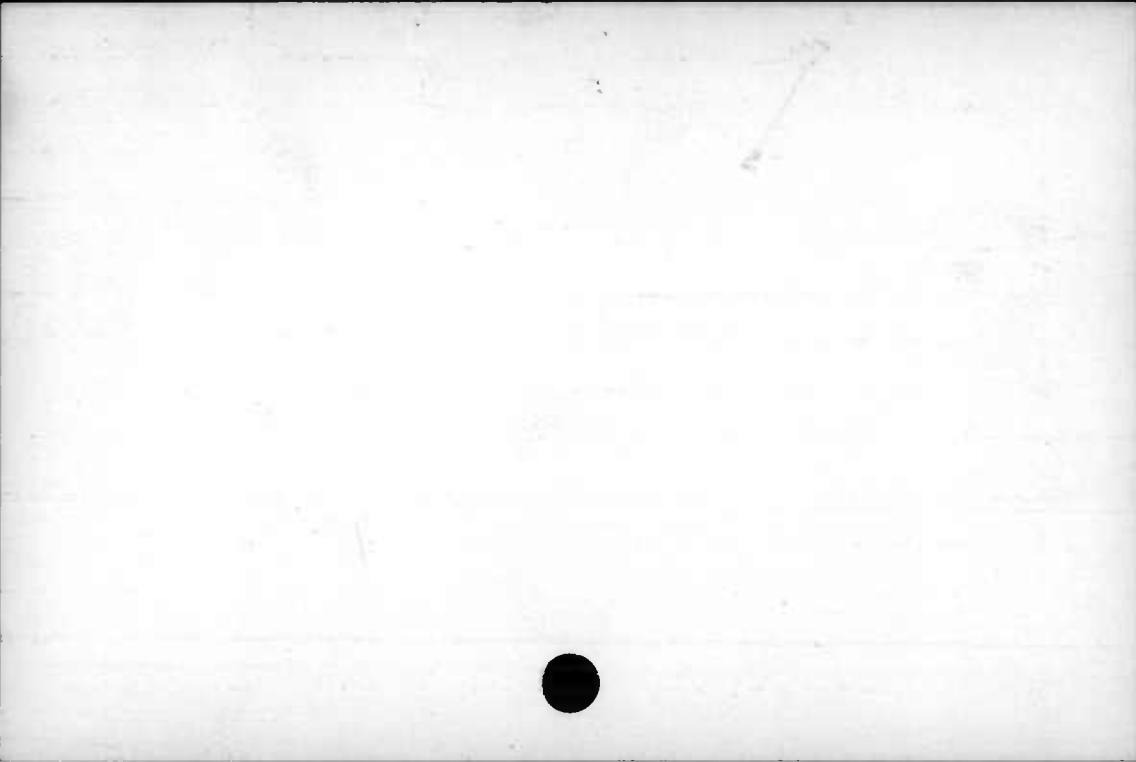
How long

*about 10 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*W. Commaney
Wingfield Md*

Accident or Suicide?



Name
in
Full

Ella Cromwell

CERTIFICATE OF DEATH

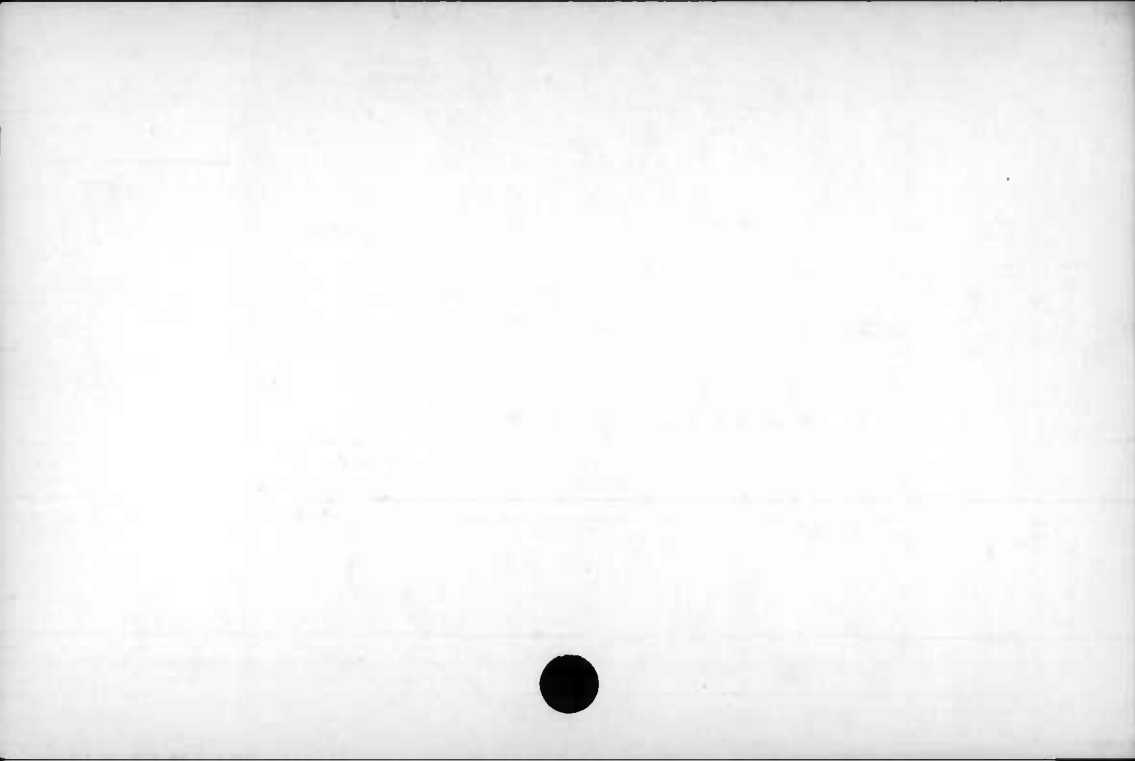
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death 190 <u>1</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	<u>15</u> <small>Age</small>	<u>29</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Dor. Co. Md.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Cook</u>			
Name of Wife or Husband					
Father's Name <u>Wm</u>			Father's Birthplace <u>Dor. Co. Md.</u>		
Mother's Maiden Name <u>Mary Cromwell</u>			Mother's Birthplace <u>Dor. Co. Md.</u>		
Name of person giving information <u>Mary Webb</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis florida</u>	How long <u>27</u> <u>years</u>
Immediate <u>Exhaustion</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Gay Stull</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

Infant

Dean (m m)

CERTIFICATE OF DEATH

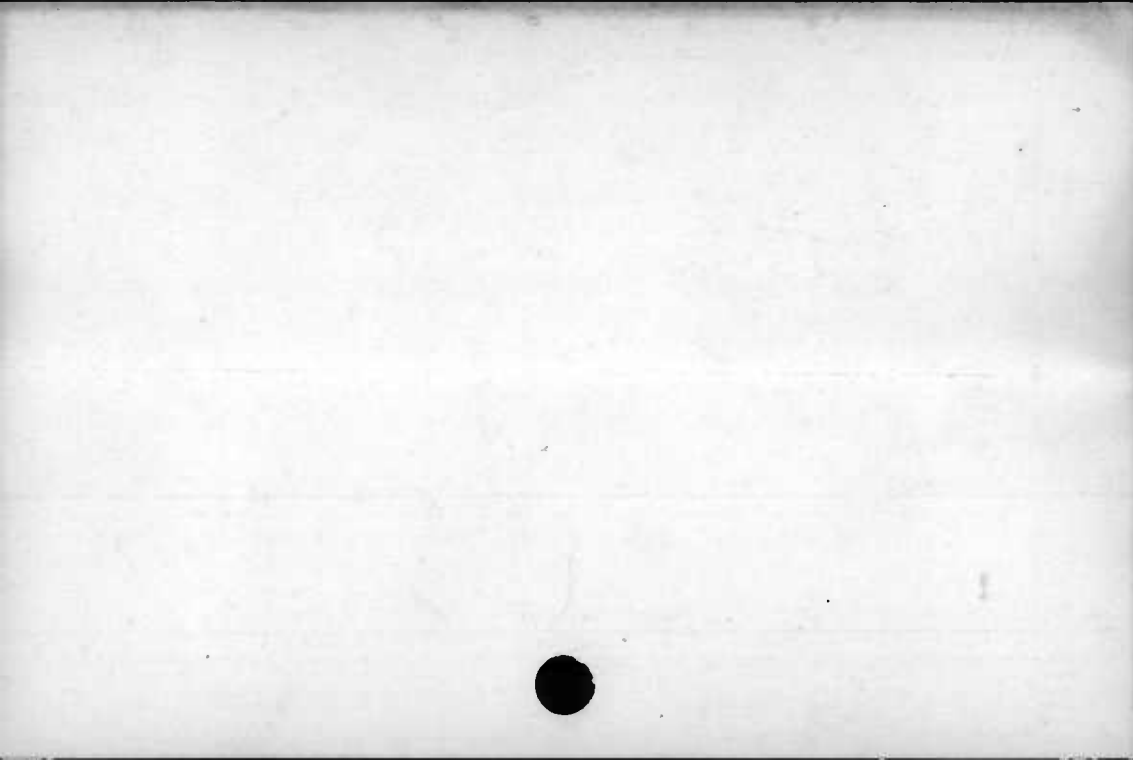
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905	Month	8	Day	14	Age	Years
						Months	two
Sex		Girl		Color or Race		White	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Jno M Dean		Father's Birthplace			
Mother's Maiden Name		Rebec E Deane		Mother's Birthplace			
Name of person giving information				How related to deceased			

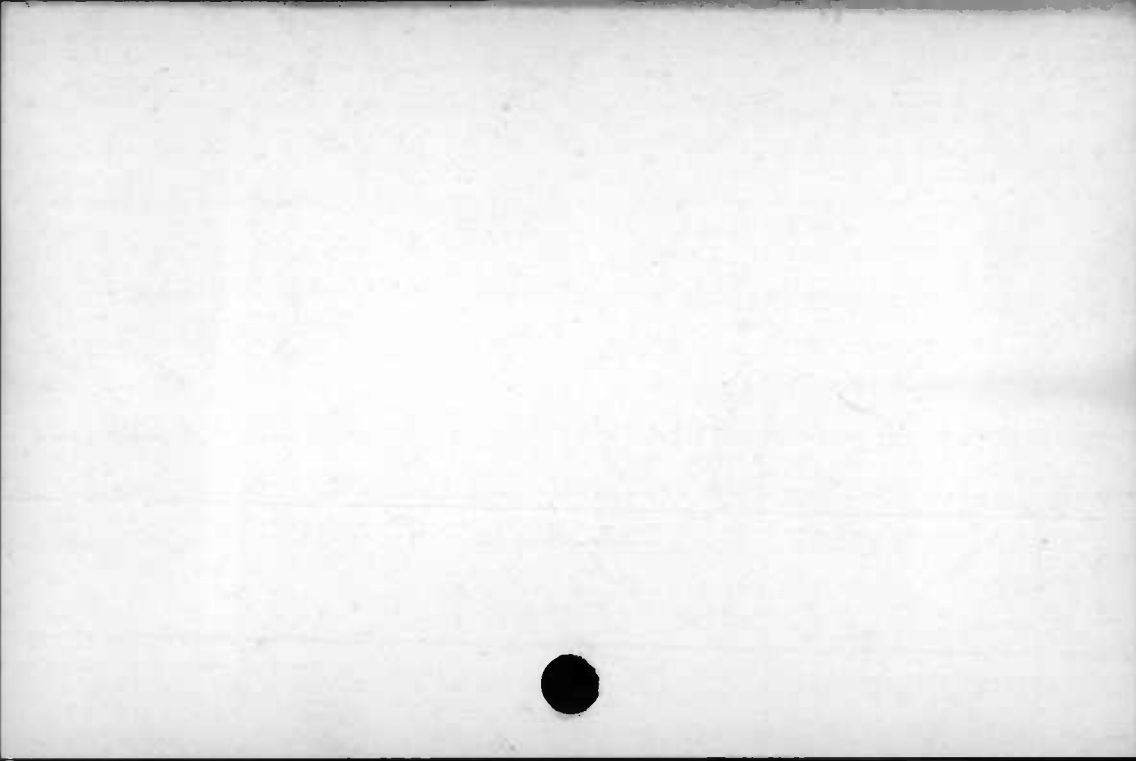
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Disentery (14) ✓	How long	9 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		None	
		Address	
		H. A. Willoughby	
Accident or Suicide?			



Name in Full		John R. Sutton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town E. N. Market		County Winchester		MARYLAND	
	Date of death		1905	Month 8	Day 30	Age 7	Months	Days
	Sex		Male		Color or Race		Birth-place E. N. Market	
	Occupation		None		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		John Sutton				Father's Birthplace	
	Mother's Maiden Name		Adeline Gornish				Mother's Birthplace E. N. Market	
Name of person giving information		Father & Child				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Typhoid Fever				How long 14 days	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. Sayers	
	This patient had been sick 16 days when I was called.		Address		E. N. Market			
Accident or Suicide?								
LIBRARY BUREAU A88610								



Name
in
Full

Jno. G. Holland

CERTIFICATE OF DEATH

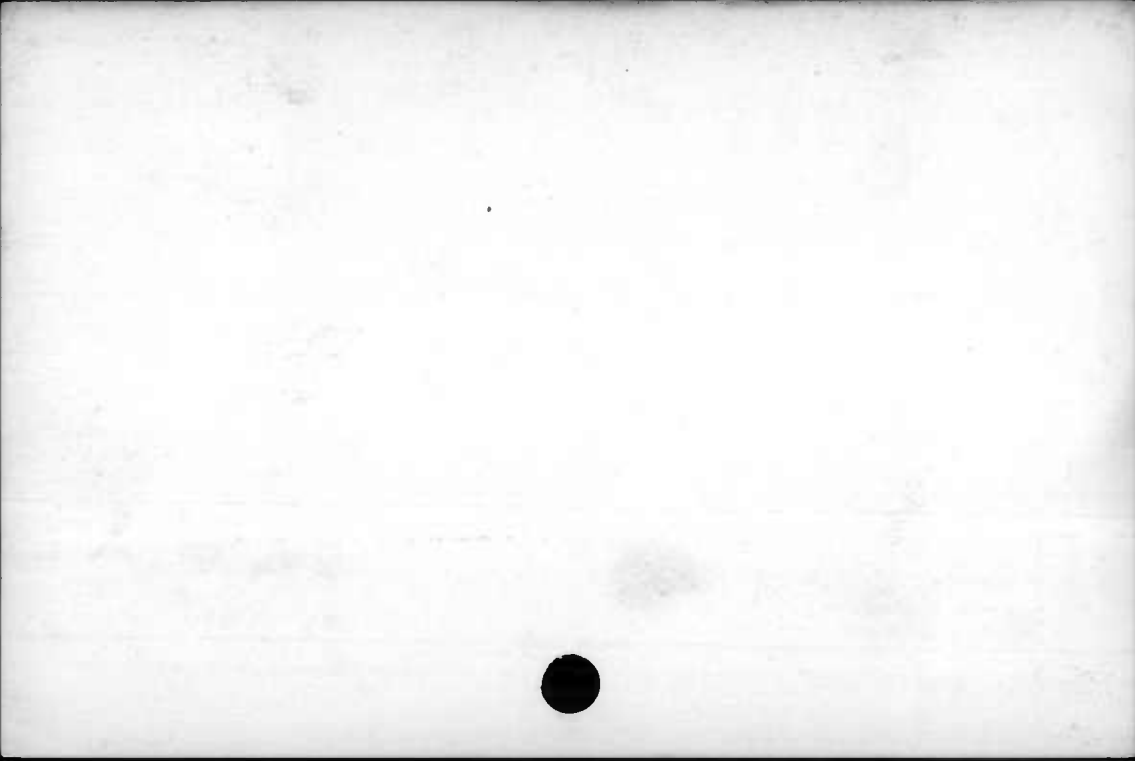
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>Aug 14</i> 1905	Month <i>Aug.</i>	Day <i>14</i>	Age <i>79</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Contractor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Malvinia</i>				
Father's Name <i>Jno. Holland</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Jane Finn</i>			Mother's Birthplace <i>Balto.</i>		
Name of person giving information <i>M. M. Kirby</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's disease</i>		How long	<i>Can't say, but over a year.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>	
			Address <i>Madison, Md.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

John Jones
Cambridge

Town

County

Inchester

MARYLAND

Died at

Date

of death 1901

Month

Aug.

Day

22

Age

Years

80

Months

Days

Sex

Male

Color or
Race

Caucasian

Birth-
place

Ind.

Occupation

Suburban

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

—

Father's
Birthplace

Mother's
Maiden Name

—

Mother's
Birthplace

Name of person giving
Information

—

How related
to deceased

CAUSES OF DEATH

Primary

Emphysema

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

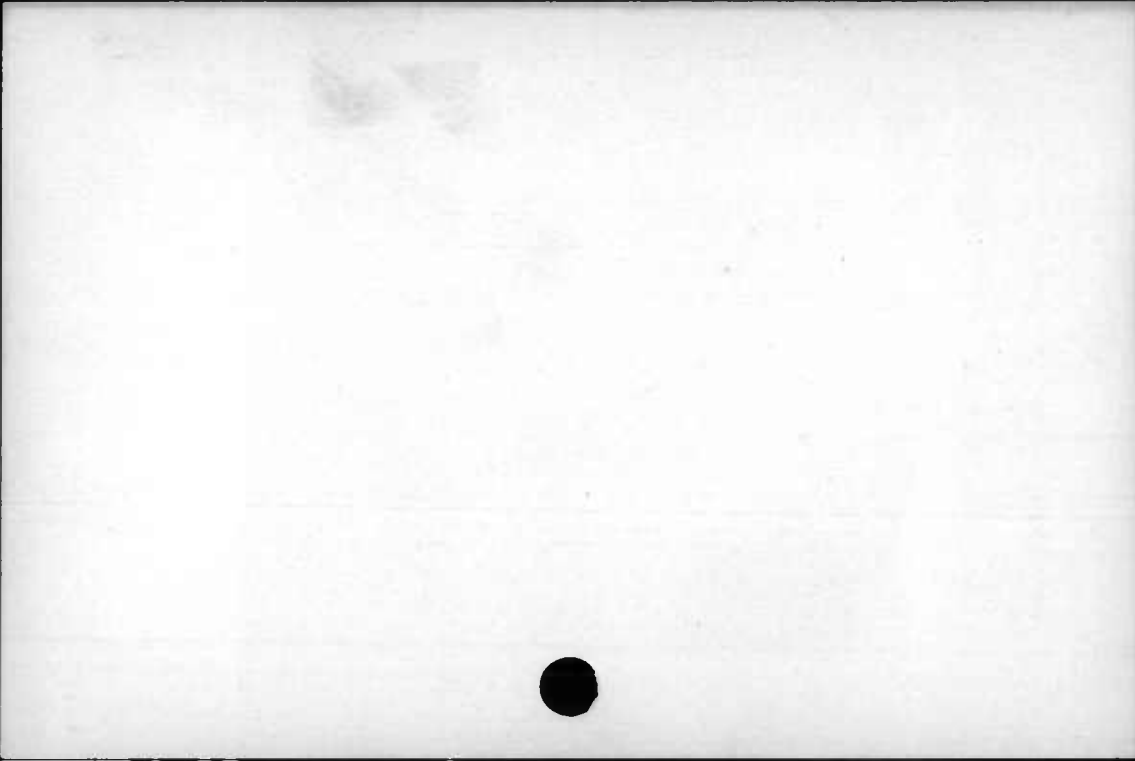
Address

John Mace
Cambridge Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

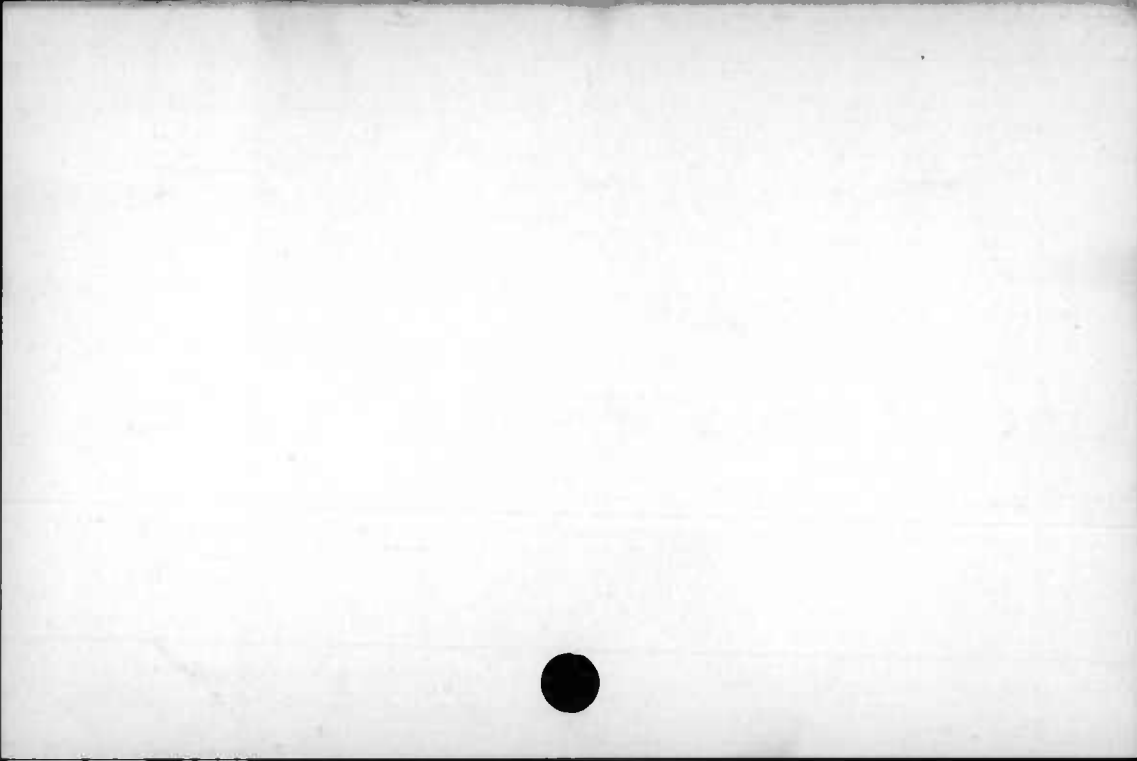
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakesville</i> ^{Town}		<i>Sorchester</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>August</i>	Day <i>2</i>	Age <i>2</i>	Years	Months
Sex	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>Lea</i>			<i>B.</i>		
Father's Name <i>Samuel J Johnson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ida Foster</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Samuel J Johnson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>3</i>
Immediate		How long	<i>31</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. P. Jones</i>	
		Address <i>Lakesville</i>	
Accident or Suicide?			



Name
in
Full

Malida Jones

CERTIFICATE OF DEATH

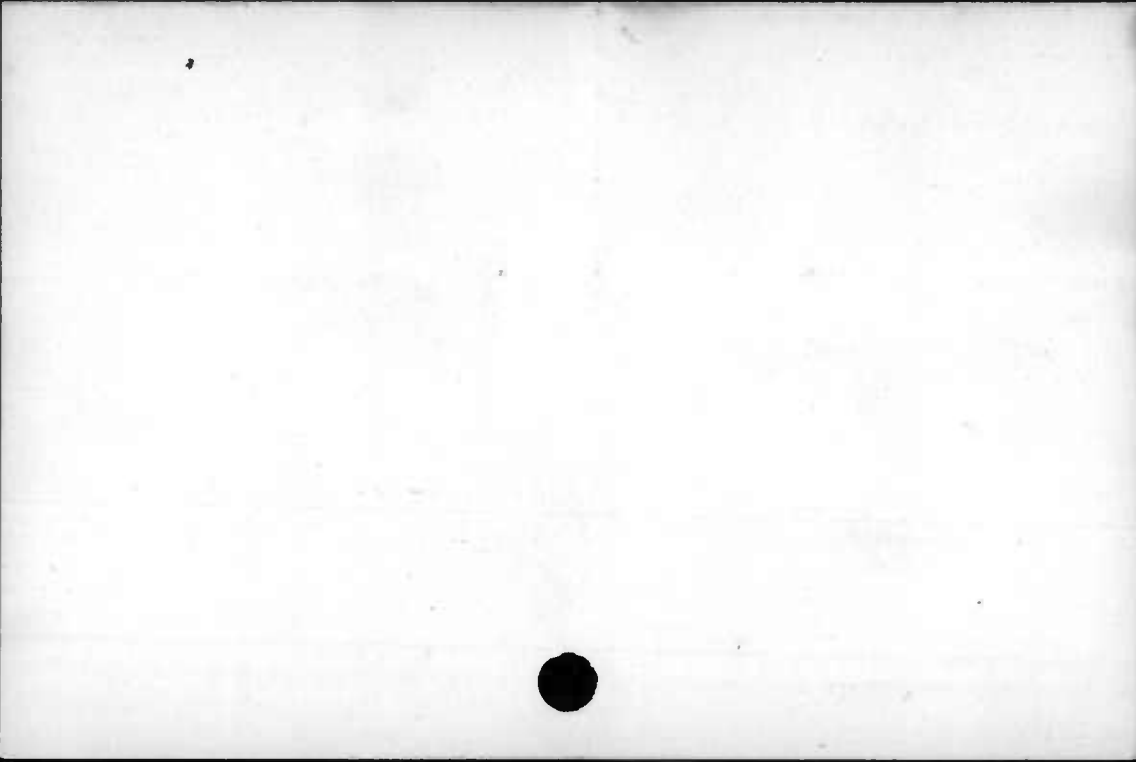
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Drawbridge		County Dorchester		MARYLAND	
Date of death	1905	Month Aug	Day 19	Age	Years 1	Months 6	Days —
Sex	Female		Color or Race	white		Birth- place	Mad
Occupation	Child			Where Residing if not at place of death		Residence	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Dead			
Father's Birthplace				—			
Mother's Maiden Name				Christina Jones			
Mother's Birthplace				Mad			
Name of person giving In formation				Lou E Hurley			
How related to deceased				Cousin			

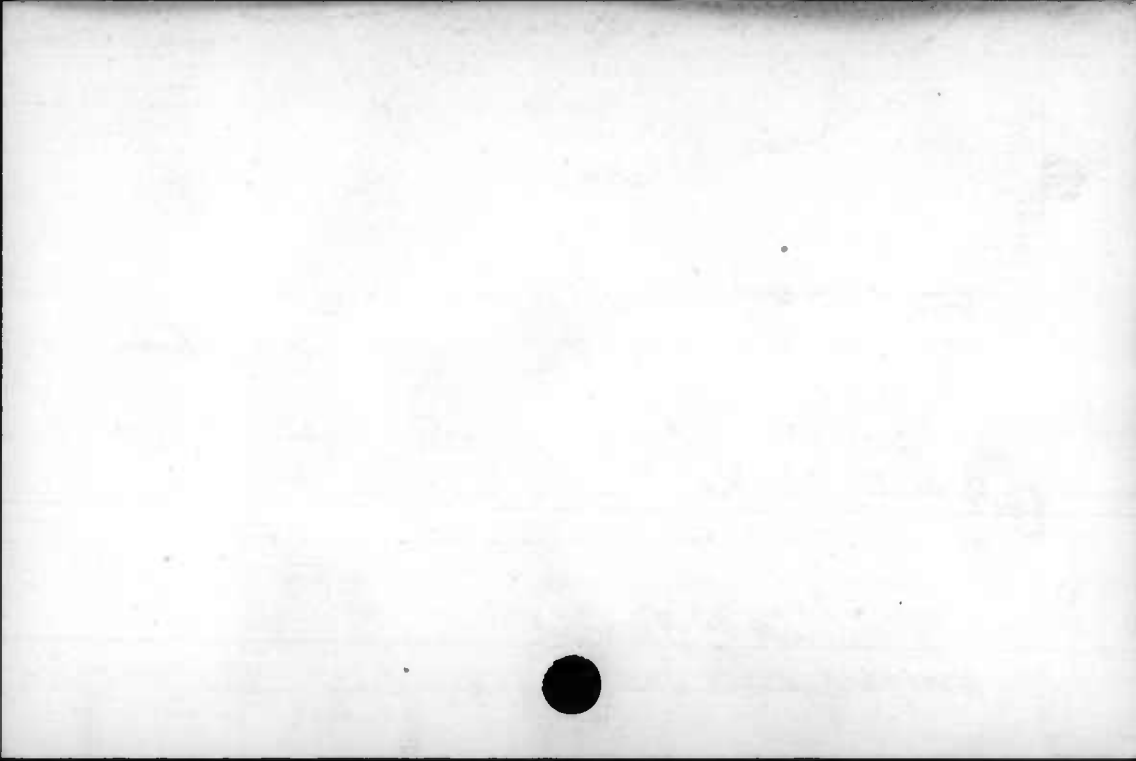
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	one week
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Reported by	
Address		Lou E Hurley	
Accident or Suicide?			



Name in Full		Soah Morris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND
	Date of death <i>1905-8</i>		Month <i>8</i>		Day <i>18</i>		Age <i>85</i>
	Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>md.</i>		Months <i>-</i>
	Occupation <i>Bricklayer</i>		Where Residing if not at place of death <i>-</i>				
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Morris</i>				
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information <i>Martha Morris</i>					How related to deceased <i>Wife</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Apoplexy.</i>		<i>(12)</i>		How long		
	Immediate <i>Heart Failure</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. E. Webb</i>		Address <i>Cambridge, Md.</i>		
	Accident or Suicide?						



Name in Full

Certificate of Death

James H Parks

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date 1907 ^{Month} Aug ^{Day} 27 Age 52 ^{Y.} ^{M.} ^{D.} ^{Native of} Hoopersville ^{Occupation} Carpenter

Male ^{White} ^{Married} ^{Widow} ^{Divorced}

~~Female~~ ^{Colored} ^{Single} ^{Widower} Number of children living 4

Husband of Sarah Jane Parks

Wife

Father's Name Josiah Parks Mother's Name Priscilla Hooper

Maiden Name

Cause of Death { Primary ^{Sellarsma} Immediate

How long sick 14 days

Accident, Suicide, Homicide

179

Reported by A. J. Parks

Address Hoopersville Ind W. H. Simmons

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jessie Parks.</i>		Town <i>Cauldage</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>5</i>		Age <i>1905</i>	
Date of death		Years		Months		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Cauldage Md</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband					
Father's Name <i>St Lamar Parks</i>		Father's Birthplace <i>Dorchester Md</i>					
Mother's Maiden Name <i>Pena G. Dyer</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Jessie H. L. Parks</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>7 months chills - low vitality</i>	How long <i>1 day</i>
Immediate <i>Ep Leukemia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. G. L. Brown</i>
	Address <i>Cauldage Md</i>
Accident or Suicide?	



Name
in
Full

May Parks

CERTIFICATE OF DEATH

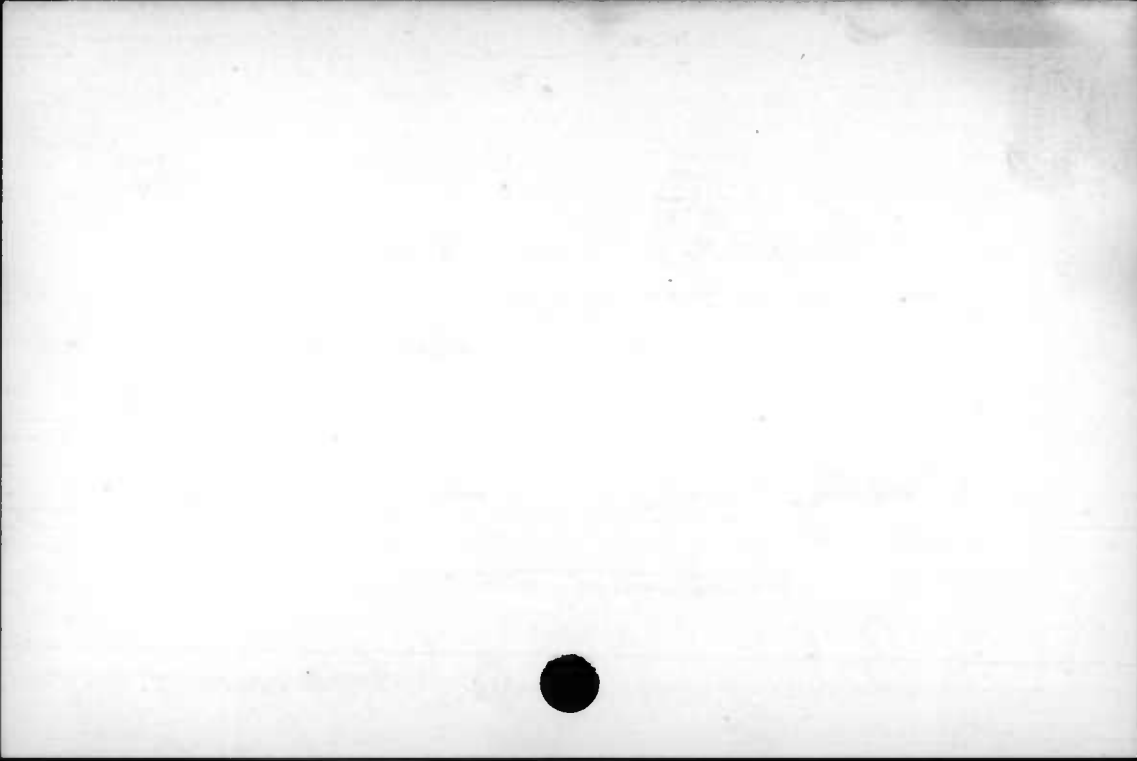
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1905	Month Aug	Day 6	Age Years	Months	Days	2
Sex	Female		Color or Race	White		Birth- place	Cambridge, Md
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				H Lamer Parks		Father's Birthplace	
Mother's Maiden Name				Pena G. Gys		Mother's Birthplace	
Name of person giving In formation				Mr H L. Parks		How related to deceased	
						Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	1 month child low vitality	How long	151 ✓
Immediate	Ephraim	How long	one day & half
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. W. Golebournes
		Address	Cambridge, Md
Accident or Suicide?			



Wesley Pinder

Died at ^{Town} S. N. Market ^{County} Ser.

MARYLAND

Date 1905- ^{Month} 8 ^{Day} 4 ^{Age} 4-5- ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Infante

Male ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Number of children living} None

~~Female~~ ^{Colored} ^{Single} ^{Widower}

Husband of

Wife

Father's Name Wesley Pinder ^{Mother's} ^{Maiden Name} De not known

Cause of ^{Primary} ^{How long sick} 149

Death ^{Immediate} ^{Accident, Suicide, Homicide}

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Winnie Pinkett					CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Vienna		Dorchester		MARYLAND		
	Date of death		1905	Aug	2	Age	24	Months	—
	Sex		Male		Color or Race		Colored		
	Occupation		Laborer		Birth-place		Md		
	Where Residing if not at place of death		Vienna						
	Married, Single		Name of Wife						
	Father's Name		Not known		Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information		R. B. Parker		How related to deceased					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Typhoid fever		How long		3 weeks		
	Immediate				How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		B. B. Parker		
					Address		Vienna		
Accident or Suicide?									

Name
in
Full

Annie Richards

CERTIFICATE OF DEATH

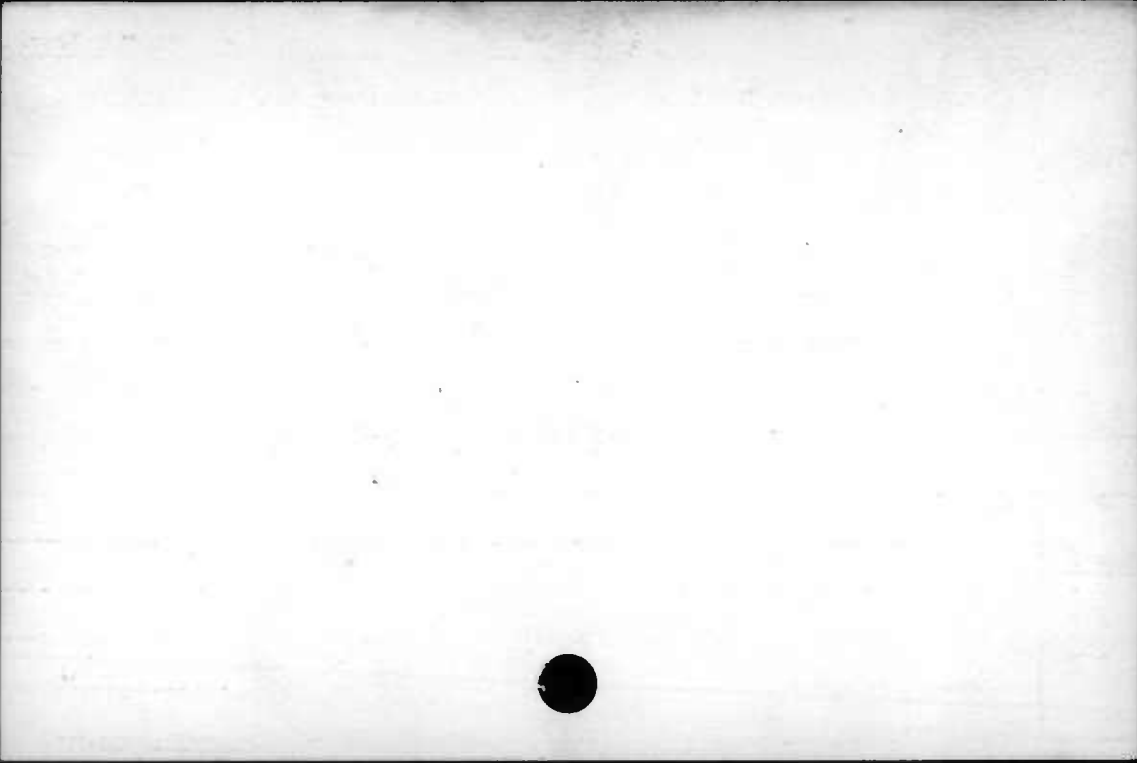
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Month</small> <u>Aug</u> <small>Day</small>	<u>13rd</u> <small>Day</small>	Age <u>57</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Baltimore City</u>			
Occupation <u>Saundress</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Scott Richards</u>				
Father's Name <u>Harry Thomas</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Emma Richards</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis Pulmonary</u>	How long <u>One Year</u>
Immediate <u>Asthenia</u>	How long <u>27</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dexter P. Reynolds M.D.</u>
	Address <u>Bambridge</u>
	<u>Dorchester Co Md</u>
Accident or Suicide? <u>.</u>	



Name
in
Full

CERTIFICATE OF DEATH

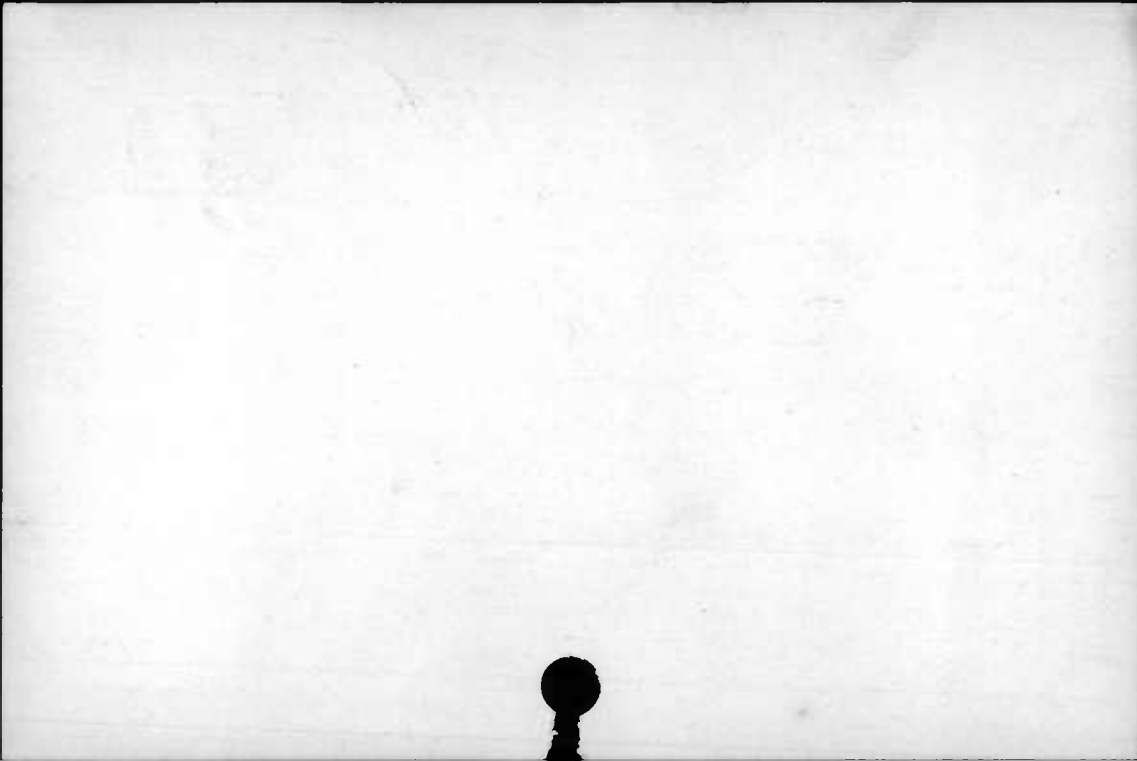
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Secretary</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month}	<i>Aug</i> ^{Day}	<i>3</i> ^{Age}	<i>75</i> ^{Years}	<i>Months</i> ^{Days}
Sex <i>Male</i>	Color Red <i>White</i>		Birth-place <i>Dor Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Secretary</i>				
Married, Single Single	Name of Wife or Husband <i>Mary Short</i>				
Father's Name <i>Wm Short</i>	Father's Birthplace <i>Dor Co</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Dor Co</i>				
Name of person giving information <i>Lund Short</i>	How related to deceased <i>son</i>				

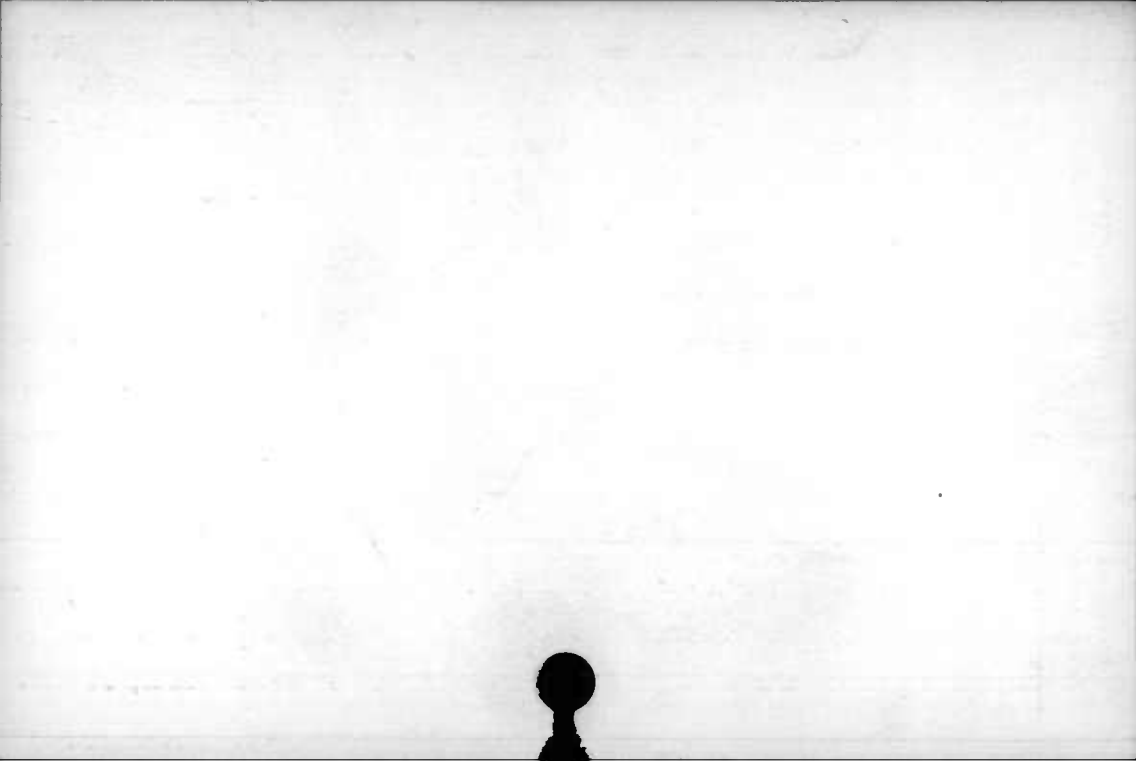
CAUSES OF DEATH

PHYSICIAN
OR CORONER

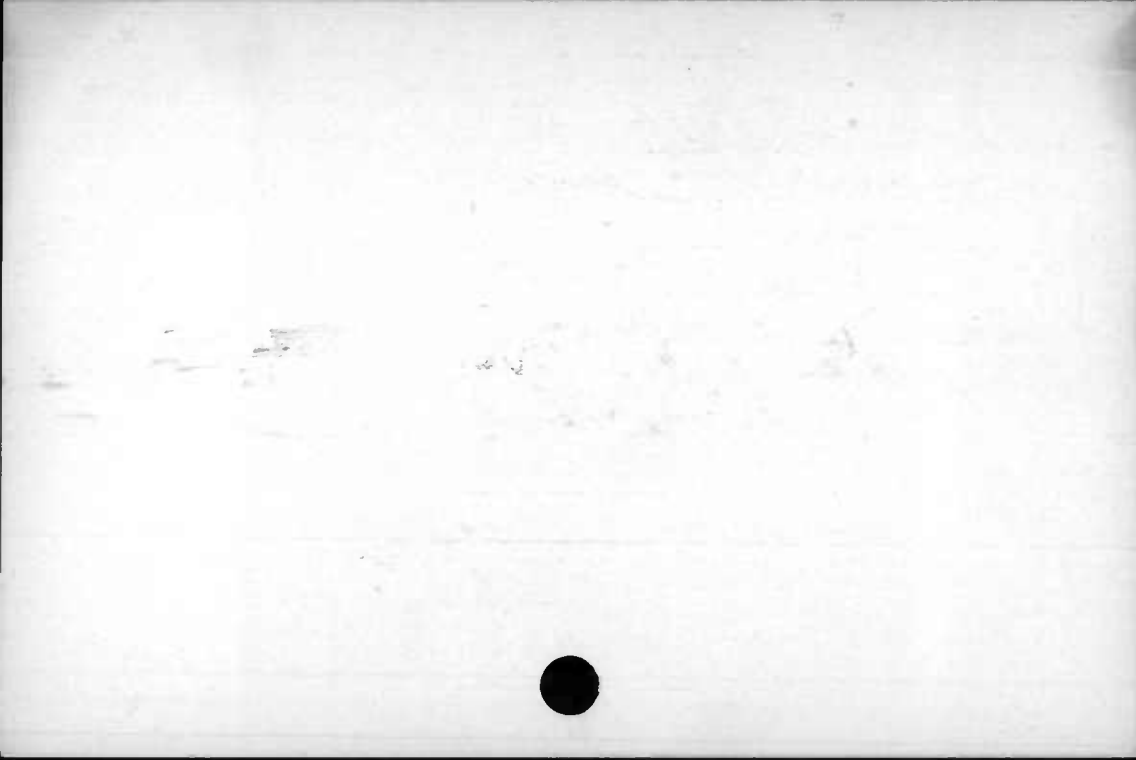
Primary <i>Rheumatism</i>	How long <i>10 years</i>
Immediate	How long <i>two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Willoughby</i>
Accident or Suicide?	Address <i>Undertaker</i>



Name in Full		Ella Stanley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Bondtown		Worcester		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1905 Aug 20th		Age	29	5	15	
		Sex		Color or Race		Birth-place		
Female		Negro		Worcester Co				
Occupation		Where Residing if not at place of death						
House Servant								
Married, Single or Widowed		Name of Wife or Husband						
Married		James Stanley						
Father's Name		Father's Birthplace						
James Stewart		Somerset Co						
Mother's Maiden Name		Mother's Birthplace						
Catherine Elliott		Worcester Co						
Name of person giving information		How related to deceased						
Dennis Stewart		Uncle						
CAUSES OF DEATH								
Primary		How long						
Abortion		13						
Immediate		How long						
Septicaemia		Two weeks						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician						
Yes		Dexter P. Reynolds M.D.						
		Address						
		Cambridge						
		Worcester Co. Md.						
Accident or Suicide?								



Name in Full		Rosa J. Trovan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Worcester		MARYLAND
	Date of death		1905	Month Aug	Day 1	Years 28	Months 11
	Sex		Female		Color or Race white		Birth-place Dr. Co. Md.
	Occupation		Housewife		Where Residing if not at place of death Hagers Island Md.		
	Married, Single or Widowed		Married		Name of Wife or Husband Alonzo Trovan		
	Father's Name		Wm. Prohman		Father's Birthplace Dr. Co. Md.		
	Mother's Maiden Name		Elizabeth Prohman		Mother's Birthplace Dr. Co. Md.		
Name of person giving information		Alonzo Trovan				How related to deceased Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long 18 months	
	Immediate		Exhaustion			How long 20	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Guy Stettin		
					Address Cambridge Md.		
Accident or Suicide?							



Name
in
Full

Leon R. Wilson

8/10/54

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Aireys		County Dorset		MARYLAND	
Date of death	1905	Month Aug	Day 25	Age	Years	Months 6	Days
Sex	Male		Color or Race	colored		Birth-place	Aireys
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Priscilla Wilson				Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bowel trouble	How long	✓
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Viola Young</i>		Town <i>Drawbridge</i>		County <i>Dorchester Co</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>7</i>		Years <i>4</i>	
Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>7</i>		Years <i>4</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Drawbridge</i>			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name <i>not given</i>		Father's Birthplace —					
Mother's Maiden Name <i>Josephine Young</i>		Mother's Birthplace <i>County</i>					
Name of person giving information <i>James Jones</i>		How related to deceased —					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer diarrhea</i>	How long <i>4 days</i>
Immediate <i>105</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. Motomura</i>
	Address <i>Vianua</i>
Accident or Suicide?	

